


FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000072474 (6)
1. Corporation Name
HEALTH AND WELLNESS AWARENESS INTERNATIONAL, INC

Principal Place of Business 1520 LOCKMEADE PLACE OLDSMAR FL 34677-5121	Mailing Address 1520 LOCKMEADE PLACE OLDSMAR FL 34677-5121
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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g. Name and Address of Current Registered Agent SONGY, JOANNA 1520 LOCKMEADE PLACE OLDSMAR FL 34677-5121	81 Name 82 Street Address 83 84 City
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.	
TITLE	P SONGY, JOANNA 1520 LOCKMEADE PLACE OLDSMAR FL 34677-5121	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	SONGY, JOANNA		1.2 NAME
STREET ADDRESS	1520 LOCKMEADE PLACE		1.3 STREET ADDRESS
CITY - ST - ZIP	OLDSMAR FL 34677-5121		1.4 CITY - ST - ZIP
TITLE	ST SONGY, ANTOINE P 1520 LOCKMEADE PLACE OLDSMAR FL 34677-5121	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	SONGY, ANTOINE P		2.2 NAME
STREET ADDRESS	1520 LOCKMEADE PLACE		2.3 STREET ADDRESS
CITY - ST - ZIP	OLDSMAR FL 34677-5121		2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joanna Songy RN President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CR2E034 (9/96)